Property Co. No. of the	tion - Reporting Carrier lection Form	FCC Form 481 OMB Control No. 3060-0586/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	310669
<015>	Study Area Name	ALLENDALE TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acentek.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. Name of Reporting Carrier: ALLENDALE TEL CO Signature of Authorized Officer: CERTIFIED ONLINE Printed name of Authorized Officer: Todd Roealer Title or position of Authorized Officer: CEDO Telephone number of Authorized Officer: 5078966292 ext. Study Area Code of Reporting Carrier: 310669 Filing Due Date for this form: 07/01/2015 Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Data Coli	Certification - Agent / Carrier PCC Form 483 OMB Control No. 3060-086/CIV/a Control No. 3060-0819 Alty 2013							
<010>	Study Area Code	310669						
<015>	Study Area Name	ALLENDALE TEL CO						
<020>	Program Year	2016						
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet						
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.						
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acentek.net						

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

I certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting carrier.						
elso certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.							
Name of Authorized Agent:							
Name of Reporting Carrier:							
Signature of Authorized Officer:	Date:						
Printed name of Authorized Officer:							
Title or position of Authorized Officer:							
Telephone number of Authorized Officer:							
Study Area Code of Reporting Carrier:	Filing Due Date for this form:						

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent	uthorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier
[2] - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1	ized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided porting carrier; and, to the best of my knowledge, the information reported herein is accurate.
Name of Reporting Carrier:	
Name of Authorized Agent or Employee of Agent:	
Signature of Authorized Agent or Employee of Agent:	Date:
Printed name of Authorized Agent or Employee of Agent:	
Title or position of Authorized Agent or Employee of Agent	
Telephone number of Authorized Agent or Employee of Age	t:
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

Attachments

2012/2013	ce Offerings Including Voice Rate Data lection Form		PCC Form 483 QN/B Cembrol Moi 3960-0946/QM/B Centrel No. 39(0)-09539 Saly 2015 i					
<010>	Study Area Code		310669					
<015>	Study Area Name		ALLENDALE TEL CO					
<020>	Program Year		2016					
<030>	D Contact Name - Person USAC should contact regarding this data		Cynthia Sweet					
<035>	Contact Telephone Number - Number of person identified	in data line <030>	5078966211 ext.					
<039>	Contact Email Address - Email Address of person identified	In data line <030>	Caweel, Purcentak, net					
<701>	Residential Local Service Charge Effective Date	1/1/2015						
<702>	Single State-wide Residential Local Service Charge							

ø			

State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	6339 State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fe
MI	Allendale		PR	19.83	0.0	0.0	0.0	19.63
/								
								-
-		_						
-								
-								
	V-10-							
_								

Complete Complete	soband Price Offerings ection Form	PCC Forth AND CHAR Control No. 1000-0096/OME Control No. 1000-0819 And 2013
<010>	Study Area Code	310669
<015>	Study Area Name	ALLENDALE YEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	CHVHELEACENTER. TAL

State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rates and Fees		Broadband Service -Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select)
мз	Allendale	24.95	0.0	24.95	1.0	0.512	999999.0	Other, no limit on usage allowand
мі	Allendale	29.95	0.0	29.95	4.0	1.0	999999.0	Other, no limit on usage allowand
mı	Allendale	49.95	0.0	49.95	10.0	1.0	999999.0	Other, no limit on usage allowand
мі	Allendele	29.95	0.0	29.95	10.0	1.0	999999.0	Other, no limit on unage allowance
мі	Allendale	79.95	0.0	79.95	100.0	50.0	999999.0	Other, no limit on usage allowance
мі	Allendate	49.95	0.0	49 95	50.0	25.0	999999.0	Other, no limit on usage allowance
		1						
		+						

on Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819 Rely 2013
ody Area Code		310669
idy Area Name		ALLENDALE TEL CO
ogram Year		2016
ntact Name - Person U	SAC should contact regarding this data	Cynthin Swant
ntact Telephone Numb	er - Number of person Identified in data line <030>	5078966211 hxt.
ntact Email Address - E	mail Address of person identified in data line <030>	caveetescentek.net
porting Carrier	Ace Teluphone Company of Michigan, Inc (Al	lendale)
iding Company	Ace Telephone Association	
erating Company	Ace Telephone Company of Michigan, Inc (A)	llendale)
p k	dy Area Code dy Area Mame gram Year otact Name - Person U stact Telephone Numb stact Email Address - E sorting Carrier ding Company	dy Area Code dy Area Name gram Year stact Name - Person USAC should contact regarding this data stact Telephone Number - Number of person identified in data line <030> stact Email Address - Email Address of person identified in data line <030> sorting Carrier Ace Teluphone Company of Michigan, Inc (Al ding Company Ace Teluphone Association

d)	GD .	435
Affiliates	SAC	Doing Business As Company or Brand Designation
Ace Telephone Association	351346	AcenTek
Ace Telephone Association	363346	AcenTek
Ace Telephone Company of Michigan, Inc	310704	AcenTek
Ace Telephone Company of Michigan, Inc (Drenthe)	310692	AcenTek
Ace Telephone Company of Michigan, Inc (Old Mission)	310777	AcenTek

FCC For	rm 481 - Carrier Annual Reporting		id.	The state of the second of the state of the	060-0986/0488 Control No. 8050-0819
	Data Collection Form		and the	一种农民	
The state of the state of	Study Area Code	310692			100 - 100 -
<015>	Study Area Name	DRENTHE TEL CO	0		
<020>	Program Year	2016			
<030>	Contact Name: Person USAC should contact with questions about this data	Cynthia Sweet			
<035>	Contact Telephone Number: Number of the person identified in data line <030	5078966211 ex	t.		
<039>	Contact Email Address: Email of the person identified in data line <030>	csweet@acente	k.net		
					\$4.313 \$4.622 Completion Completion
ANNUA	IL REPORTING FOR ALL CARRIERS		111757		Renures Recurrent (check box when complete)
<100>	Service Quality improvement Reporting			(complete attached worksheet)	1 335384
<200>	Outage Reporting (voice)			(complete attached worksheet)	/ /
<210>		o outages to report	ŝ		1 SCHOOL
<300>	Unfulfilled Service Requests (voice) 0				
<310>	Detail on Attempts (voice)				21.11.12
				(attach description	ve document)
<320>	Unfulfilled Service Requests (broadband)				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
<330>	Detail on Attempts (broadband)				
	l.			(ottach descript	tive document)
<400>	Number of Complaints per 1,000 customers (voice				
<410>	Fixed 0.0				1 1
<420> <430>	Mobile 0.0 Number of Complaints per 1,000 customers (broad	hand)			
<440>	Fixed 0.0	bandy			
<450>	Mobile 0.0	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
<500>	Service Quality Standards & Consumer Protection 310692M1510.pdf	tules compliance	_	(check to indicate certification)	
<510>			- 1	71.5 72.51.7. 3	
<210>			- 1	(ottoched descriptive document)	
<600>	p			(check to Indicate certification)	1 1
	310692MI610.pdf				
				(attached descriptive document)	
<610>					
<700>	Company Price Offerings (voice)			{complete attached worksheet}	
<710>	Company Price Offerings (broadband)			(complete attached worksheet)	A CHILL
<800>	Operating Companies and Affiliates		14.4	(complete attached worksheet)	1 Million
	Tribal Land Offerings (Y/N)? Voice Services Rate Comparability Certification			s, complete attached worksheet)	V WHILE
41000	310692MI1010.pdf		Yes		
	310692m11010.pdf			(a) A decident description	
<1010>				(ottach descriptive document)	- HILLIA
<1100>	Certify whether terrestrial backhaul options exist (res or No)		(if not, check to indicate certification)	1 WEEK
<1110>					111111
	Terms and Condition for Lifeline Customers			(complete attached worksheet) (complete attached worksheet)	V VIIIII
	Price Cap Carriers, Proceed to Price Cap Additional	Documentation V	Worksh	eet	
	Including Rate-of-Return Carriers affiliated with Pr	ice Cap Local Excl	hange C		
<2000> <2005>				(check to indicate certification) (complete attached worksheet)	5 4 1 1 1 1 1 1
	Rate of Return Carriers, Proceed to ROR Additional	Documentation \			
<3000>				(check to indicate certification)	1 11/1/1/1
<3005>				(complete attached worksheet)	The state of the s

	ervice Quality Improvement Reporting		The state of	FCC Form 481
oata Co	nta Collection Form			OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	310692		
<015>	Study Area Name	DRENTHE TEL CO		
020>	Program Year	2016		
:030>	Contact Name - Person USAC should contact regarding this data	Cynthin Sweet		
035>	Contact Telephone Number - Number of person identified in data line <030>	5070966311 ext.		
<039>	Contact Email Address - Email Address of person identified in data line <030>	caweet recentek.n	et.	
<110>	Has your company received its ETC certification from the FCC?	(yes / no	00	
:111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no	00	
(112>	Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.333(a)(1). If your co CETC which only receives frozen support, your progress report is only required to address voice telephony service.	ompany is a		
	Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	year		Name of Attached Document
113>	Maps detailing progress towards meeting plan targets		Yes	
114>	Report how much universal service (USF) support was received		Yes	
15>	How much (USF) was used to improve service quality and how support was used to improve	e service quality	Yes	
16>	How much (USF) was used to improve service coverage and how support was used to impro	ve service coverage	Yes	
	the state of the s	Yes	7	
117>	How much (USF) was used to improve service capacity and how support was used to improve			1

00) Service Outage Reporting (Voice)	FCC form 481
eta Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	310692
<015>	Study Area Name	DREWTHE TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cowertPacentek.net

	<a>>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<<1>	<<2>	<d></d>	ce>	d>	q>	<h></h>
	NORS Reference Number	Outage Start Date	Outage Start Time	Outage End Date	Outage End Time	Number of Customers Affected	Total Number of Customers	911 Facilities Affected (Yes / No)	Service Outage Description (Check all that apply)	Did This Outage Affect Multiple Study Areas (Yes / No)	Service Outage Resolution	Preventativ Procedures
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	ce Offeriogs in lection Form	duding Voice Rate (Deta					CC Form 481 MB Control No. 3060-0985/04 uly 2013	68 Control No. 2050-0819
<010>	Study Area Co	de			310692				
<015>	Study Area Na	me			DREWTHE TE	r co			
<020>	Program Year	10-203			2016				
<030>	Contact Name	- Person USAC should	d contact regard)	ng this data	Cynchia Se	eet			
<035>		hone Number - Numb						The state of the s	
<039>	Contact Email	Address - Email Addre	ess of person ide	ntified in data line	<030> cawent Face	ntek.net			
<703> <703>		cal Service Charge Effi ide Residential Local !		1/ db>	1/2015	435	46	ds	o
	State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fee:
							1000000		
			1						
			1		<u> </u>				· · · · · · · · · · · · · · · · · · ·
			1						-
	-		1		-				
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			-						
					See a	tached worksheet			
						Language and the control of the cont			
				100				7211	
	J.,,,,,								
		1501					(1) (VIII)		

0>	Study Area Code			310692					
15>	Study Area Name			DRENTHE TEL CO	Lance Control				
20>	Program Year			2016					
030>		AC should contact regarding t		Cynthin Sweet 5078966211 mxt					
035>		er - Number of person identifi							
039>	Contact Email Address - E	mail Address of person identif	led in data line <030>	caweet*acentek	net				
711>	ab	-60	40	42>		db	440	edb	cols
	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select)
				See attac worksheet -	hed				
							111120-1-111		

10000	verating Companies Decision Form			PCC form 488 OMS Control No. 3000-0585/0548 Control No. 4000-0519 Nay 2013
<010>	Study Area Code	310692		
<015>	Study Area Name	DEBNIBE TEL CO)	
<020>	Program Year	2016		
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet		
<035>	Contact Telephone Number - Number of person identified in data line		t.	
<039>	Contact Email Address - Email Address of person identified in data line	<030> cownctmucente	k.net	
<810>	Reporting Carrier Ace Telephone Company of Michigen, In	oc (Drenthe)		\$
<811>	Holding Company Ace Telephone Association			
<812>	Operating Company Acn Tuluphone Company of Machigan, In	nc (Drenthe)		
<813>		15-185-19-19-19-19-19-19-19-19-19-19-19-19-19-		as a second
	Affiliates		SAC	Doing Business As Company or Brand Designation
		See afta	ched worksh	eet
	The state of the s			
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-			North Control of the	AND THE RESIDENCE TO SHARE THE PARTY OF THE

100000000000000000000000000000000000000	bal Lands Reporting Jection Form				PCC Form 481 OMB Control No. 3000-0985/OM8 Control No. 3000-081 July 2018	9
<010>	Study Area Code	3)	10692			
<015>	Study Area Name	pt	RENTHE TEL CO			
<020>	Program Year		036			
<030>	Contact Name - Person USAC should contact regarding this data		ynthia Sweet 078966211 ext.			
<035>	Contact Telephone Number - Number of person identified in data line <03	107	A7 53 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5			
<910>	Contact Email Address - Email Address of person identified in data line <03 Tribal Land(s) on which ETC Serves	30> 61	swert Macentok, net			
<920>	Tribal Government Engagement Obligation		N	me of Attach	ed Document	
M server e	company serves Tribal lands, please select (Yes, No, NA) for each these boxes					
	rm the status described on the attached document(s), on line 920,					
	trates coordination with the Tribal government pursuant to	Selec	ct			
	(a)(9) includes:	Yes or Not Ap	No or plicable			
<921>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions.	m				
<922>	Feasibility and sustainability planning;					
<923>	Marketing services in a culturally sensitive manner;		787			
<924>	Compilance with Rights of way processes					
<925>	Compliance with Land Use permitting requirements					
<926>	Compliance with Facilities Siting rules					
<927>	Compliance with Environmental Review processes					
<928>	Compliance with Cultural Preservation review processes					
<929>	Compliance with Tribal Business and Licensing requirements.					

	o Terrestrial Backhaul Reporting lection Form	PCC Form 481 DMB Control No. 3050-0986/OMB Control No. 3050-0819 July 2013
<010>	Study Area Code	110692
<015>	Study Area Name	DREKTNE TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 mxt,
<039>	Contact Email Address - Email Address of person identified in data line <030>	cowont#acentek.net
<1120>	Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).	
<1130>	Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporling carrier offers broadband service of at least 1 Mbps downstream and 256 upstream within the supported area pursuant to § 54.313(g).	kbps

feline sta Col	lection Form		CMB Control No. 8060-0986/CMB Control No. 3060-9818 July 2013
<010>	Study Area Code		110692
<015>	Study Area Name		DRENTHE TEL CO
<020>	Program Year		2016
<030>	Contact Name - Person USAC should contact regarding this data		Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data	line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data	line <030>	caweet Macentek.net
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans		116692H11200.pdf
		Ĺ	Name of Attached Document
1220>	Link to Public Website	нттр	
r the we	heck these boxes below to confirm that the attached document(s), on line bisite listed, on line 1220, contains the required information pursuant to (a)(2) annual reporting for ETCs receiving low-income support, carriers mu report:		
1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	1	
1222>	Details on the number of minutes provided as part of the plan,	1	
1223>	Additional charges for toll calls, and rates for each such plan.		

	ce Cap Cerrier Additional Documentation ction Form	FSC Point 451. OBJE Composition, 2000-0985/OMB Constraints, 2000-0935
Including A	late of Return Corriers affiliated with Price Cop Local Exchange Corriers	Man .
<010>	Study Area Code	
	Study Area Name	310692
	Program Year	DREMINE TEL. CO
<030>	Contact Name - Person USAC should contact regarding this data	2016
<035>	Contact Telephone Number - Number of person identified in data line <030>	LYNCHIA SHEEL
<039>	Contact Email Address - Email Address of person identified in data line <030>	SUPPLEMENTALE, COL
diameter and the	· [1] 新斯尔特·斯克斯·克尔斯·西尔克斯·西尔克斯·西斯·西斯·西斯·西斯·西斯·西斯·西斯·西斯·西斯·西斯·西斯·西斯·西斯	CHIENCONFINATION OF THE PROPERTY OF THE PROPERTY OF THE STREET OF THE PROPERTY
Select the	appropriate responses below (Yes, No, Not Applicable) to note compliance as	a recipient of incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, as
Connect A	merica Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The inform	nation reported on this form and in the documents attached below is accurate.
	Incremental Connect America Phase I reporting	2
<2010>	2nd Year Certification (47 CFR § 54.313(b)(1))	
<2011a>	3rd Year Certification (47 CFR § 54.313(b)(1)n)	
<2011b>	Attachment (47 CFR § 54.313(b)(1)ii)	
		Name of Attached Document(s) Listing Required Information
	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))	
<2012>	2013 Frozen Support Calculation (47 CFR § 54.313(c)(1))	
<2013>	2014 Frozen Support Calculation (47 CFR § 54.313(c)(2))	
<2014>	2015 Frozen Support Calculation (47 CFR § 54.313(c)(3))	
<2015>	2016 and future Frozen Support Calculation (47 CFR § S4.313(c)(4))	
	Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))	
<2016>	Certification Support Used to Build Broadband	
-2017	Connect America Phase il Reporting (47 CFR § 54.313(e))	
<2017> <2018>	3rd year Broadband Service Certification	
<2019>	5th year Broadband Service Certification	
<2020>	Interim Progress Certification	
(2020)	Please check the box to confirm that the attached document(s), on lim- pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shaddresses of community anchor institutions to which began providing preceding calendar year.	hall provide the number, names, and
<2021>	interim Progress Community Anchor Institutions	

(1000)	late Of Return Cerrier Additional Decumentation		FCCForm 483
Date Cel	Section Form		ONS Control No. 3080-0956/OMS Control No. 3060-0819
==1			Ady 2015
<010>	Study Area Code	310692	
<015>	Study Area Name	DREWTHE TEL CO	
4030b	Program Year Contact Name - Person USAC should contact regarding this data	2016	
<035>	Contact Telephone Number - Number of person identified in data line <030>	Cynthia Sweet	
40395	Contact Email Address - Email Address of person identified in data line (030)	5078966211 ext.	
	INVERNAL PORTECTION FOR HIS CHARGE IN A BOARD FROM PROPERTY OF THE PROPERTY OF	THE PROPERTY OF STREET, AND A	etra tantucci tatica y travel i i denes i transcrio con que l'attigade depositione acrè (19 %).
CHECK	the boxes below to note compliance on its five year service quality plan (pursua		
	CPR 9 34-313[7](2), I further certify that to	he information reported on this form and in the documents attach	ed pelaw is eccurate.
		310692MI3010.pdf	1
- 22man	Progress Report on 5 Year Plan		
(3010)	Milestone Certification (47 CFR § 54.313(1)(1)(1))	1	
	The state of the s	Name of Attached Document Listing Required Informa	dian
		ang pang 1980 1980 1980 1980 1980 1980 1980 1980	The state of the s
(30)()	Please check this box to confirm that the attached document(s), on line \$ 54.313 (f/1)(ii), the carrier shall provide the number, names, and addeproviding access to broadband service in the proceding calendar year.	3012 contains the required information pursuant to esses of community anchor institutions to which began	
		310692MI3012.pdf	
			· · ·
(3012)	Community Anchor Institutions (47 CFR § 54.313(F)(1)(E))		
		Name of Attached Document Listing Required Information	20
(3013)	is your company a Privately Held ROR Currey (47 CFR § 54.313(f)(2))	(Yes/No)	20
	If yes, does your company file the RUS annual report	(Yes/No))(•)
Please	check these baxes to confirm that the attached document(s), on line 301	7. contains the regulared information pursuant to 6 54 313/0/2	2) compliance requires:
	Electronic copy of their annual RUS reports (Operating Report for		
(4012)	Telecommunications Borrowers)		4
(3016)	Document(s) for Balance Sheet, Income Statement and Statement of Ca	sh Flows	
		PARTIE	
Dansas	If the surgeon is use on the 1014 about consequent 214	1	1
[101/]	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	1	
		Name of Attached Document Listing Required Information	
(301E)	if the response is no on line 3014, is your company audited?	(Yes/No)	
	If the response is yes on line 3018, please check the boxes below to	00.000000	
	confirm your submission, on line 3076 pursuant to \$ 54.313(f)(2), concains		
(3019)	Either a copy of their audited financial statement; or (2) a linearist report to a for	ormat comparable to RUS Operating Report for Telecommunication	s 🗸
			17
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of C	ash Hows	411
(3021)	Management letter and audit opinion issued by the independent certified pa	ublic accountant that performed the company's financial audit	
	If the response it on an line TOTE please shock the hours below	44 M.C. (1940) A. (1941) A. (1941) M.C. (1941) M.C. (1941) A. (194	Philipson Co.
	to confirm your submission, on line 3026 pursuant to § 54.313(f)(2),		
	contains:		
(3022)	Copy of their financial statement which has been subject to review by an		
	independent certified public accountant; or 2) a financial report in a		
	format comparable to RUS Operating Report for Telecommunications		
	Borrowess,		
(3053)	Underlying information subjected to a review by an independent certified		
(3024)	public accountant Underlying Information subjected to an officer certification,		
	Document(s) for Balance Sheet, Income Statement and Statement of Ca	ash Flows	4
		310692MI3026.pdf	
		04-399-4CM-00/2012/9580-67878-8	1
(3026)	Attach the worksheet listing required information		1
	THE REPORT OF THE PROPERTY OF		1
	1		
		Name of Attached Document Listing Required Information	

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Page 17

(3000) Rate Of Return Carrier Additional Decumentation (Continued)	FCC Form483
Data Collection form	OARS Control No. 5060-0986/OMS Control No. 5060-0919
	Ady 2015

<010>	Study Area Code	310692
<015>	Study Area Name	DRUNTHE TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Cynthin Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 EXL.
<039>	Contact Ensail Address - Lmail Address of person identified in data line (030)	rewested spote to pet

Financial Data Summary

(3027) Revenue

(3028) Operating Expenses

(3029) Net Income

(3030) Telephone Plant In Service(TPIS)

(3031) Total Assets

(3032) Total Debt

(3033) Total Equity

(3034) Dividends



E-25-7 WWW.P50-28	tion - Reporting Carrier lection Form	FCC Form 481 ONE Common No. 2060-0986/ONS Common No. 2060-0819 July 2018
<010>	Study Area Code	310692
<015>	Study Area Name	DRENTHE TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acentek.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or Li Recipients I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. Name of Reporting Carrier: DRENTHE TEL CO Signature of Authorized Officer: CERTIFIED ONLINE Date 06/23/2015 Printed name of Authorized Officer: Todd Roesler Title or position of Authorized Officer: CEO Telephone number of Authorized Officer: 5078966292 ext. Study Area Code of Reporting Carrier: 310692 Filing Due Date for this form: 07/01/2015 Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

The state of the s	tion - Agent / Carrier lection Form	FCC Form 481 OM8 Control No. 3060-0886/OM8 Control No. 3060-0819 July 2013
<010>	Study Area Code	310692
<015>	Study Area Name	DRENTHE TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acentek.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting carrier.				
also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the augent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.					
Name of Authorized Agent:					
Name of Reporting Carrier:					
Signature of Authorized Officer:	Date:				
Printed name of Authorized Officer:					
Title or position of Authorized Officer:					
Telephone number of Authorized Officer:					
Study Area Code of Reporting Carrier:	Filing Due Date for this form:				

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent	Authorized to File Annual Reports for CAF or LI Recipi	ents on Behalf of Reporting Carrier
	orized to submit the annual reports for universal service suppore reporting carrier; and, to the best of my knowledge, the information of the contract of the	
Name of Reporting Carrier:		
Name of Authorized Agent or Employee of Agent:		
Signature of Authorized Agent or Employee of Agent:		Date:
Printed name of Authorized Agent or Employee of Agent:		
litie or position of Authorized Agent or Employee of Agent		
elephone number of Authorized Agent or Employee of Age	ent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	

Attachments

CONTRACTOR OF STREET	e Offerings including Voice Rate Data ection Form	PCC Form 483 CAMP Control No. 3060-0986/CAMP Control No. 3060-0939 Adv 2013
<010>	Study Area Code	310692
<015>	Study Area Name	DRENTHE TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078965211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	C#Weet#Acentek.net
<701>	Residential Local Service Charge Effective Date 1/1/2015 Single State-wide Residential Local Service Charge	

<703>

State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	cb4> State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fe
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	(1153 V)		V					
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(710) Broadband Price Offerings Data Collection Form	A Comment of the Comm	FCC Form AEI DARS Control No. 30 suly 2003	50-0986/OMS Control No.: 3050-0819
rmm Servely Area Code	waran		

<010>	Study Area Code	310692
<015>	Study Area Name	DREMTHE TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person Identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cawact@acentnk.net

renthe renthe renthe	24.95 29.95 49.95 29.95	0.0	24.95 29.95 49.95 23.95	1.0	0.512 1.0 1.0	999999.0 999999.0 999999.0 999999.0	
renthe	49.95	0.0	49.95	10.0	1.0	999999.0	Other, no limit on usage allowance
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ranthe	29.95	0.0	23.95	10.0	1.0	999999.0	Other, ne limit on umage mllowance
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<010>	Study Area Code 31069	92	
<015>	Study Area Name DREST	THE TEL CO	
<020>	Program Year 2016		
<030>	Contact Name - Person USAC should contact regarding this data cynch	hia Sweet	
<035>	Contact Telephone Number - Number of person identified in data line <030> 50789	P65211 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030> cannot	etracentek.net	
<810>	Reporting Carries Ace Telephone Company of Michigan, Inc (Orenthe)		
<811>	Holding Company Ace Telephone Association		
(812)×	Operating Company Ace Telephone Company of Michigan, Inc (Drenthe)		
<813×	A STATE OF THE STA	- I	45
-	Affiliates	SAC	Doing Business As Company or Brand Designation
-	Ace Telephone Association	352346	AcenTek
-	Ace Telephone Association	362348	AcenTek
-	Ace Telephone Company of Michigan, Inc	310704	AcenTek
	Ace Telephone Company of Michigan, Inc (Allenda)	le) 310669	AcenTek
-	Ace Telephone Company of Michigan, Inc (Old Miss	sion) 310777	AcenTek
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Study Area Name: Ace Telephone Company of Michigan, Inc

SAC: 310704, 310777, 310669, 310692

State: Michigan

Form 481 Line 112 Annual Progress Report